Basic and Standard Small Employer Health Insurance Basic Plan Requirements

	Otendend	Basic Indemnity Plan	Standard PPO Plan		Basic PPO Plan		HMO Plans	
	Standard Indemnity Plan		In Network	Out of Network	In Network	Out of Network	Standard	Basic
	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Deductible								
Individual	\$500	\$500	\$500	\$750	\$500	\$1000	\$0	\$0
Family	\$1,000	\$1,500	\$1,000	\$1,500	\$1,500	\$3,000	\$0	\$0
Emergency Room Copay	n/a	n/a	n/a	n/a	n/a	n/a	\$50	\$50
Office Visit Copay	n/a	n/a	\$10	n/a	\$15	n/a	\$10	\$15
Hospital Inpatient Copay	n/a	n/a	n/a	n/a	n/a	n/a	\$100 Per Admission	20%
Coinsurance Maximum								
Percent Payable	80%	50%	80%	60%	70%	50%	0%	20%
Individual Out of Pocket	\$1,000	\$6,250	\$1,000	\$2,500	\$2,000	\$5,000	\$1,000	\$2,000
Family Out of Pocket Maximum	\$2,000	\$18,750	\$2,000	\$5,000	\$6,000	\$15,000	\$3,000	\$6,000
Mental Illness, Drug & Alcoholism								
Lifetime Maximum Benefit	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Maternity Coverage	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Prescription Drug Coverage	Yes	Yes	Yes	Yes	Yes	Yes	\$10	\$15
Durable Medical Equipment, Prosthetics	n/a	n/a	n/a	n/a	n/a	n/a	20%	50%
Preventive Care Coverage								
Subject to Deductible & Coinsurance	Yes	Yes	Yes	Yes	Yes	Yes	n/a	n/a
Calendar Year Maximum Benefit	\$150	\$150	\$150	\$150	\$150	\$150	n/a	n/a